



BALISE MOTOR SALES
1441 Main St Ste 300, Springfield, MA 01103
(413) 858-2069 • Fax (413) 733-8617

www.BaliseWholesaleParts.com

Application for Credit

DATE _____

FIRM NAME _____ PHONE _____

DBA _____

STREET _____ P.O. BOX NO. _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____

STATE SALES TAX NUMBER _____

IF INCORPORATED, NAME OF (1) President _____

(2) Treasurer _____

(3) Secretary _____

If Partnership, Name of Partners _____

If Individually Owned, Name of Owner _____

BUSINESS TRADE REFERENCES:

COMPLETE NAME - ADDRESS - CITY - STATE- ZIP - PHONE

1. _____

2. _____

3. _____

4. _____

BANK NAME & ADDRESS _____

PHONE _____ CHECKING ACCOUNT NUMBER _____

THE FOLLOWING NAMED PERSONS ARE AUTHORIZED AS PURCHASING AGENTS AND THE EMPLOYEES OF THE UNDERSIGNED UNTIL WRITTEN NOTICE TO THE CONTRARY IS GIVEN.

NAME _____

NAME _____

NAME _____

****Please Note:** Upon acceptance of this application the following credit policy will apply:
ALL STATEMENTS MUST BE PAID BY THE 10TH OF EACH MONTH.
ANY UNPAID ACCOUNTS WILL BE ON A CASH BASIS UNTIL THE ACCOUNT IS SATISFIED. UNPAID ACCOUNTS WILL BE ASSESSED INTEREST CHARGES AT THE RATE OF 1 1/2% PER MONTH (APR. 18%) ON THE UNPAID BALANCE.

THIS INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE (BALISE MOTOR SALES CO.) TO INVESTIGATE THE REFERENCES LISTED. I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

DATE _____ SIGNATURE _____ TITLE _____

****PLEASE ALLOW AT LEAST ONE WEEK FOR PROCESSING OF YOUR APPLICATION. YOU WILL BE OFFICIALLY NOTIFIED BY MAIL. THANK YOU FOR CONSIDERING BALISE MOTOR SALES TO HANDLE YOUR AUTOMOTIVE NEEDS.**

Please provide contact information for the following positions: *(Required)

Principal: _____ eMail: _____

Payables: _____ eMail: _____

Parts: _____ eMail: _____

Other: _____ eMail: _____

DATE RECEIVED AT OFFICE INVESTIGATE DISPOSITION AND DATE
